



Louisiana Board of Pharmacy

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Application for Late Renewal of Pharmacist License for Year 2016

Please complete, date and sign this application; send with fee, payable to "Louisiana Board of Pharmacy", to address noted above. An incomplete application, including one without the required attachments, will be returned to the applicant. Applications received after February 1, 2016 may be subject to additional requirements.

Section 1. Contact Information

Name: _____ License No.: _____

NOTE: Mailing addresses are a matter of public record; we are required to make them available. If you have security concerns, we encourage your use of alternative services, e.g., post office boxes. If you wish to change your mailing address of record, please make the appropriate changes here.

Mailing Address: _____

City, State, ZIP: _____ Parish / County: _____

Telephone No: (Home) _____ (Mobile) _____

Email address: _____

Note: May be used for official communications.

Section 2. Continuing Education (CE) Requirement

Which of the following selections best describes your compliance with the Board's rules for continuing pharmacy education as a requirement for the renewal of a pharmacist license?

- ☐ I earned at least 15 hours of pharmacist-specific ACPE-accredited (or board approved) CE during Calendar Year 2015, of which at least 3 hours were earned via live presentation.
- ☐ I earned at least 20 hours of pharmacist-specific ACPE-accredited (or board approved) CE during Calendar Year 2015, of which less than 3 hours were earned via live presentation.
- ☐ I am exempt from the CE requirements this year because **both** of the following events occurred during Calendar Year 2015:
I passed the NAPLEX test **and** I received my first pharmacist license – and it was issued by the Louisiana Board of Pharmacy.
- ☐ None of the above.

Section 3. Survey

The Louisiana Legislature has directed the Workforce Commission to collect and compile information concerning the healthcare provider workforce supply and demand in the state. In cooperation with the Workforce Commission, we are obliged to collect certain information from you. You are required to answer these questions as part of your license renewal process. We appreciate your cooperation with this initiative.

1. On average, I practice pharmacy the following number of hours per week:

- | | |
|---|---|
| <input type="checkbox"/> Zero – not practicing pharmacy | <input type="checkbox"/> 31 to 40 hours |
| <input type="checkbox"/> 1 to 10 hours | <input type="checkbox"/> 41 to 50 hours |
| <input type="checkbox"/> 11 to 20 hours | <input type="checkbox"/> 51 to 60 hours |
| <input type="checkbox"/> 21 to 30 hours | <input type="checkbox"/> over 60 hours |

2. My primary professional practice setting is best described by which of the following selections:

- | | |
|---|--|
| <input type="checkbox"/> Community pharmacy – independent | <input type="checkbox"/> Consultant, in office-based practice |
| <input type="checkbox"/> Community pharmacy – chain | <input type="checkbox"/> HMO or other managed care organization |
| <input type="checkbox"/> Hospital or health-system pharmacy | <input type="checkbox"/> Mail service pharmacy |
| <input type="checkbox"/> Institutional pharmacy (other than hospital) | <input type="checkbox"/> Government owned healthcare facility |
| <input type="checkbox"/> Nuclear pharmacy | <input type="checkbox"/> Government, regulatory or law enforcement |
| <input type="checkbox"/> Academia (college of pharmacy) | <input type="checkbox"/> Other, not listed |
| <input type="checkbox"/> Home care | <input type="checkbox"/> Employed in another field OR unemployed |
| <input type="checkbox"/> Manufacture / Distribution (incl. sales) | |

3. In the event you are not practicing pharmacy, please indicate which of the following selections is most applicable to you:

- ☐ I am not practicing pharmacy, but I am seeking pharmacy employment.
- ☐ I am not practicing pharmacy, and I am not seeking pharmacy employment.
- ☐ I am retired from pharmacy practice.
- ☐ Not applicable to me, because I am employed in pharmacy practice.

4. In the event you are not practicing pharmacy, but you are employed in another capacity, which of the following selections best describes your employment:

- | | |
|--|---|
| <input type="checkbox"/> Attorney | <input type="checkbox"/> Other medical field |
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Other non-medical field |
| <input type="checkbox"/> Nurse | <input type="checkbox"/> Not applicable to me; I am retired or unemployed |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Not applicable to me; I am practicing pharmacy |
| <input type="checkbox"/> Academia, unrelated to pharmacy | |

5. During Calendar Year 2015, I moved TO Louisiana from another state or other jurisdiction in order to seek or accept employment in pharmacy practice.

- ☐ Yes ☐ No

6. During Calendar Year 2015, I moved **FROM** Louisiana to another state or other jurisdiction in order to seek or accept employment in pharmacy practice.

☐ Yes ☐ No

7. During Calendar Year 2015, I filed an application for the reciprocity of my pharmacist license to another state, OR I filed an application for pharmacist licensure by examination in another state.

☐ Yes ☐ No

Section 4. Disciplinary History

1. During Calendar Year 2015 (or at any time since your last renewal), were you the subject of any of the following actions:

☐ Yes ☐ No A. Have you been issued a citation or summons, OR
has a warrant been issued against you, OR
have you been arrested, charged, arraigned, indicted, or convicted, OR
have you pled guilty, no contest, nolo contendere, or any similar plea, OR
have you been sentenced or pardoned
for any criminal offense, including all misdemeanors and felonies, in any local, state,
or federal jurisdiction?

NOTE: Traffic violations such as speeding or parking tickets do not need to be reported; however,
DUI or DWI events must be reported, regardless of final disposition.

☐ Yes ☐ No B. Have you had a professional license as a pharmacist or any other health care
provider denied, suspended, revoked, or otherwise sanctioned or restricted or
limited, including voluntary surrender of license and including restrictions associated
with participation in confidential alternatives to disciplinary programs, OR
Do you now have any disciplinary action pending against you by any state licensing
agency other than the Louisiana Board of Pharmacy?

☐ Yes ☐ No C. Have you been named as a defendant in a civil/malpractice case relating to your
practice of pharmacy, OR
Has a medical review panel opinion been rendered relating to your practice of
pharmacy, OR
Have you been reported to the National Practitioner Data Bank, OR
Have your clinical privileges been limited, restricted, suspended, or revoked?

☐ Yes ☐ No D. Have you been diagnosed with, or do you now have a medical, physical, mental,
emotional, or psychiatric condition that might affect your ability to safely practice as a
pharmacist?

☐ Yes ☐ No E. Have you been diagnosed with, or have you been treated for, or are you now
receiving treatment for, a dependency on mood-altering substances, drugs, or
alcohol?

[NOTE: Subject to the exemption noted in 1-A, an affirmative response to any question in this Section requires two attachments: a letter of explanation from you describing the incident in your own words, as well as a certified copy of the disciplinary or adverse action.]

Section 5. Fees

Act 298 of the 2015 Legislature requires the Board to charge a new 'pharmacy education support fee' of \$100 on the renewal of every pharmacist license and pharmacy permit issued by the Board, in addition to the routine renewal fee. Further, the law requires the Board to provide an opportunity for the applicant to decline to pay the pharmacy education support fee. Finally, the law requires the Board to transfer all of the pharmacy education support fees collected to the ULM School of Pharmacy.

Please remember the fee for a timely renewal of a pharmacist license is \$100. For those applications hand-delivered, postmarked, or placed with a mail carrier on or after January 1, 2016, the required fee is \$350.

You must select one of these two options:

- ☐ **Option 1 – Delinquent Renewal of License** **Total Due: \$350**
I am renewing my license after January 1, 2016 and I am electing not to pay the pharmacy education support fee.
- ☐ **Option 2 – Delinquent Renewal of License + Pharmacy Education Support Fee** **Total Due: \$450**
I am renewing my license after January 1, 2016 and I wish to pay the pharmacy education support fee.

Section 6. Attestations

1. I certify that I have acquired the amount and type of pharmacist-specific ACPE-accredited (or board approved) continuing pharmacy education (CPE) as identified in Section 2 above, and further, that such records are available for audit by the Board at CPE Monitor®.

☐ Yes ☐ No

2. I certify that all of the answers provided to all of the questions and all of the information provided during this renewal process are true and accurate. Further, I understand and agree the provision of false information could result in the filing of formal charges against me for the acquisition of a license by fraud or misrepresentation. Finally, I understand and agree that on a finding of such facts, the Board may take the necessary action to refuse to issue the renewal of my license, or if the renewal has already been issued, then the suspension or revocation of my license.

☐ Yes ☐ No

Signature: _____ Date: _____
Original required; no stamps or facsimile accepted